



UCC

LIEN NO. 94056603

PICK 'N' DELIVER TRU

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 265839 - Shamrock <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px;"> Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 </div> <div style="border: 1px solid black; padding: 5px;"> 102004440 OROR </div> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORMATION </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME PICK 'N' DELIVER TRUCKING LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 784 CONCORD ST NE		CITY SALEM	STATE OR	POSTAL CODE 79301
				COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME DOMINARI 224 TRUST				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 9300 Metcalf Avenue		CITY Overland Park	STATE KS	POSTAL CODE 66212
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets, including, but not limited to, all real and personal property, accounts and accounts receivable of Debtor, wherever located or situated and whether now existing or arising in the future, and whether now owned or at any time in the future acquired by Debtor, together with all proceeds and monies due or becoming due on such accounts; all guaranties, insurance, and security for such accounts and other assets; all security reserves related to such accounts; all of the Debtor's rights and interests in the goods giving rise to such accounts, including any and all related insurance; all of the Debtor's chattel papers, instruments, documents, general intangibles, securities and contract rights including those associated with the accounts or purchase order contracts of Debtor; all equipment, inventory, and deposit accounts; and all proceeds of any of the foregoing assets and related rights and interests.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

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C/O RTS FINANCIAL 1-800-860-7926